

STATE OF RHODE ISLAND & PROVIDENCE PLANTATIONS

netWORKri WORK ORDER DATA COLLECTION FORM

Date of Order

Phone: 1 888 616-JOBS
Fax: 401 462-8722
<http://www.dlt.state.ri.us>

EMPLOYER INFORMATION

Name	Phone
Address	Fax
City, State Zip Code	Email
Contact Person	Phone With Extension
Type of Business	Number of Employees
Work Site Location	Is Work Site on Bus Line?
Nearest Main Street	Handicapped/Wheelchair Accessible?

JOB VACANCY(IES) INFORMATION

Title of Job	Number of Openings
Wage (Salary/Hourly)	Hrs. of Work (Start/End Time)
Days of Work	Total Hours/Week

Full-Time ☐ Part-time ☐ Temporary ☐

Essential Job Duties
Incidental Job Duties
Skills Required
Other Skills Desired, But Not Required
Please Identify Those Skills The Employer Is Willing To Teach The New Employee On The Job

MINIMAL EMPLOYMENT REQUIREMENTS (Specific To The Above Position)

Educational Level Required	
None <input type="checkbox"/>	<HS/GED <input type="checkbox"/> Associate's Degree <input type="checkbox"/> Bachelor's Degree <input type="checkbox"/> Advanced Degree <input type="checkbox"/>
Language Skill Requirements	
Candidate Must Be Able To Read <input type="checkbox"/> Write <input type="checkbox"/> And/Or Communicate In English <input type="checkbox"/>	
Other Languages The Employer Can Accommodate	
Math Skills Required	
None <input type="checkbox"/> Counting <input type="checkbox"/> Basic Addition/Subtraction <input type="checkbox"/> Advanced Computation Skills <input type="checkbox"/>	
Work Experience In A Similar Position	
Special License/Certification/Test Requirement	
Other Job Specific Requirements	
Minimum Age _____ Drug Screening <input type="checkbox"/> Criminal Background Check <input type="checkbox"/> DCYF Screening <input type="checkbox"/>	
Specific Physical Requirements (Please Identify, e.g. Lifting)	
Please Describe Any Unusual Working conditions (e.g. High Heat, High Noise Level)	

BENEFIT PACKAGE AVAILABLE (Please Check All That Apply)

<input type="checkbox"/>	Health Insurance	<input type="checkbox"/>	Pension/Retirement Plan	<input type="checkbox"/>	On-Site Child Care or Employer Subsidized
<input type="checkbox"/>	Dental Insurance	<input type="checkbox"/>	Paid Vacation	<input type="checkbox"/>	Life Insurance
<input type="checkbox"/>	401K	<input type="checkbox"/>	Paid Sick Time	<input type="checkbox"/>	Tuition/Education Benefit Plan

TERMS OF REFERRAL

netWORKri Representative Will: ____ Call ____ Mail ____ Fax Referral To Employer Contact Following Pre-Screening

Job Seeker Will Apply Directly To Employer ____ Call ____ Mail ____ Fax
(Job Seeker Self-Referred; No Pre-Screening of Applicant By netWORKri Staff)

IS THE EMPLOYER INTERESTED IN HIRING AN INDIVIDUAL WHO MAY BE ELIGIBLE FOR:

<input type="checkbox"/>	Wage Reimbursement Program	<input type="checkbox"/>	Funding For On-The-Job Training
<input type="checkbox"/>	Federal/State Tax Credits	<input type="checkbox"/>	Employer/Employee Savings On Medical

